

## **AMENDMENTS TO THE SPECIFICATION**

**Please replace the paragraph beginning at page 10, line 5, with the following rewritten paragraph:**

First, the flexible sheath 2 of the high-frequency snare 1 is inserted through an endoscope into a lumen of a patient. When the lesion A is found by an observation using the endoscope B, the slider 5 of the actuating portion 3 is advanced to the proximal portion 4. The incision wire 9 thus extends from the forward end of the flexible sheath 2 so that the loop 10 is formed by the extended incision wire 9 and the loop 10 is tilted onto the lateral side with the aid of the curved portion 11 as shown in FIG. 3. As the center axis 7a of the actuating wire 7 is in the loop plane 10d of the loop 10, the lesion A can be readily captured in the loop 10 of the incision wire 9, even if the lesion A spreads laterally in the lumen viewed from the endoscope B as shown in FIG. 3. In other words, the lesion A can be brought into the loop 10. Thereafter, the slider 5 is retracted to the proximal portion 4 of the actuating portion 3 to draw the incision wire 9 into the flexible sheath 2, with the result that the loop 10 of the incision wire 9 progressively ~~contract~~ contracts starting from its proximal end to constrict the lesion A. Under this constricted condition, high-frequency electric current flows in the incision wire 9 to excise or cut out the lesion A by the high-frequency electric current.

**Please replace the paragraph beginning at page 11, line 3, with the following rewritten paragraph:**

Now, the loop 10 of the incision wire 9 is curved substantially at right angles to the center axis [[13a]] 7a at the curved portion 11 so that the relation between longitudinal and transverse axes of the loop is reversed, whereby the width in the transverse direction becomes larger than the length in the longitudinal direction. Moreover, as the loop plane 10d and the center axis 7a of the actuating wire 7 coincide with each other, the lesion A can be easily captured in the loop 10 of the incision wire 9, even with the lesion A spread laterally in the lumen viewed from the endoscope B as shown in FIG. 3. In the case capturing laterally spread lesion A in the lumen, the snare according to the invention is particularly preferable.

**Please replace the paragraph beginning at page 14, line 8, with the following rewritten paragraph:**

In the high-frequency snare 16 of the third embodiment, the forward end of a flexible sheath 2 affords a ~~function~~ functional equivalent to that of the second curved portion 15 of the second embodiment described above. In more detail, the forward end of the flexible sheath 2 is bent at a predetermined angle in the third embodiment, whereas the flexible sheath 2 is substantially straight in the second embodiment. When an actuating wire 7 passes through such a flexible sheath 2, the actuating wire 7 will follow the second curved portion 15 so as to be bent, so that a loop 10 of a incision wire 9 can extend substantially at right angles with the center line 7a of the actuating wire 7 with the aid of the curved portion of the actuating wire 7 caused by the second curved portion 15 and further the first curved portion 14 of the incision wire 9. Other features of the third embodiment are substantially the same as those of the first embodiment. The functions and effects of the third embodiment are substantially the same as those of the first embodiment.

**Please replace the paragraph beginning at page 15, line 7, with the following rewritten paragraph:**

The high-frequency snare 17 of the fourth embodiment includes an actuating coil 13 as actuating means similar to the actuating coil 13 in the second embodiment. Moreover, an incision wire 9 is formed at it proximal end with a first curved portion 14 more gradually curved than that of the second embodiment, and further the actuating coil 13 is formed at its forward end with second and third curved portions 15 and 18 spaced from each other and more gradually curved than that of the second embodiment. The number of these curved portions may be more than three and bent ~~angles~~ angles may be equal to or different from one another.

**Please replace the paragraph beginning at page 17, line 9, with the following rewritten paragraph:**

The other features of the fourth embodiment are substantially similar to those of the second embodiment. In the fourth embodiment, moreover, even if a lesion A is obliquely

inclined, the actuating coil 13 is moved to the flexible sheath 2 so as to permit the curved angle of the loop 10 to adapt for the lesion A so that the lesion A can be easily captured in the loop 10. Further, as the position of the loop 10 of the incision wire 9 can be changed maintaining the relation of  $D1 \geq D2$ , so that the capture of a lesion A into the loop 10 becomes easy. The fourth embodiment can bring about the functions and effects other than these, which are similar to those of the second embodiment of the invention.